
San Bernardino County Ambulance Mutual Aid Policy

PURPOSE:

To provide guidance for the utilization of ambulance resources in San Bernardino County designated operating areas whenever the resources of the permitted provider are not adequate to care for the number of victims involved at an incident, a normal level of stabilization and care cannot be achieved until additional resources are available at the scene, and the situation is not manageable by the routine Emergency Medical Services communication system.

POLICY:

All responding providers will utilize 800 MHz designated talk group during an MCI to communicate with the Communications Center once the system is fully implemented. In areas where the 800 MHz system is not fully operational, the HEAR radio systems will be used for the coordination of MCIs. All hospitals shall provide continuous monitoring of the radio.

NOTE: MULTI-CASUALTY INCIDENT OPERATIONAL PROCEDURE (AT THE SCENE): All personnel at the scene will follow the general procedures outlined in the Multi-Casualty Incident Operational Procedure, Reference #12001.

DEFINITIONS:

Incident Commander: The Incident Commander is responsible for the overall management of the incident. On most incidents the command activity is carried out by a single Incident Commander.

Dispatch Center: A facility from which resources are directly assigned to an incident.

Dedicated Stand-by: (Assigned Resources) An ambulance that is requested to stage in an area and remain dedicated to that area.

Non-dedicated Stand-by: (Available Resources) An ambulance that is requested to stage in an area that may leave the staging area if dispatched to a 911 call.

Permitted Provider: An ambulance provider who has a current permit issued by the County Health Officer to provide ambulance service in San Bernardino County.

Exempt "201" Ambulance Provider: A city or fire district, which qualifies under the provisions of Health and Safety Code section 1797.201 as having continuously provided emergency ambulance services within its jurisdiction since on or before June 1, 1980.

PROCEDURE:

AMBULANCE PROVIDERS:

THE FOLLOWING PROCEDURE IS APPLICABLE TO MUTUAL AID REQUESTS FOR DEDICATED AMBULANCES:

The permitted provider of the EMS ambulance operating area in which the incident occurs will be responsible for medical mutual aid requests to the **closest** provider permitted to provide ambulance services within San Bernardino County at the required level, non-permitted ambulance provider agencies located outside of San Bernardino County with whom the San Bernardino County permitted provider has an **approved** mutual aid agreement, or exempt 201 ambulance provider at the level requested by the Incident Commander. The ambulance provider is authorized to request up to five (5) additional ambulances from outside their operating area without notifying the dispatch center for the operational area (San Bernardino County Communications Center). These ambulances must be on scene in urban/suburban areas within fifteen (15) minutes of receipt of call from the dispatch center. In rural and wilderness areas, the ambulances must be on scene within the standard response time.

If the ambulance provider is unable to garner sufficient resources to meet the needs within an estimated time of arrival of fifteen (15) minutes, further requests for resources will be directed to the San Bernardino County Communications Center. The San Bernardino County Communications Center will coordinate the requests for further ambulance mutual aid.

SAN BERNARDINO COUNTY COMMUNICATIONS CENTER:

Upon receiving notification of a request that results in a request for additional resources, the County Communication Center is to immediately contact the County Health Officer or the duty officer and the EMS Agency. If required, the Health Officer and a representative of the EMS Agency are to proceed to the County Communication Center to commence implementation of the MCI. If presence of Health Department personnel is not required for coordination of the resources, the County Communication Center will implement the plan directly as follows:

1. Initial Scene Report:

Obtain the type of incident, number of casualties, types of injuries and the incident radio frequency from the incident commander.

2. Bed Inventory:

Advise all hospitals in the affected and adjacent areas and conduct a bed inventory within the area of the incident. This inventory shall include the availability of burn and trauma beds, and emergency room capabilities. All hospital inventories shall be accomplished by radio, except where indicated on the zone sheet.

3. Patient Distribution and Transportation:

Casualties shall be distributed evenly to the hospitals, taking care not to overload any one facility. Distribution should also take into account trauma center operations and hospitals with specialized abilities.

Appropriate transportation of casualties shall be arranged and dispatched in regard to the number of casualties, severity of injuries and location of the incident.

When resources are not immediately available for response within San Bernardino County, the County Communications Center will request appropriate medical mutual aid from the closest contiguous county.

If resource requests are received by the County Communications Center that may seriously deplete the EMS System resources, the EMS Agency, Health Officer or duty officer will be immediately notified to assist in coordination of resources.

All mutual aid resource requests which are on a stand-by basis will be coordinated by the EMS agency in conjunction with the Communications Center.

4. Identification of Ambulance and Patient Load:

Obtain the ambulance identification and the patient load from the transportation group supervisor or Incident Commander (IC) as the ambulances are loaded.

5. Hospital Destination:

After receiving the patient load information, determine current “immediate” and “delayed” emergency room capability for affected hospitals. This information will be passed on to the Incident Commander or the Medical Unit Leader/Transportation Unit Leader to direct departing ambulances to the appropriate receiving hospital. This routing information shall be coordinated with but not determined by the Communications Center.

6. Returning to Normal Operating Mode:

When the transportation group supervisor or Incident Commander has determined that all casualties have been accounted for, advise all affected hospitals to return to the normal operating mode. The San Bernardino County Communications Centers shall also notify the Health Officer.

COST REIMBURSEMENT:

All response for ambulance mutual aid within the County of San Bernardino between county providers will be provided at no cost to the requesting party.

Reimbursement for “stand-by” will be handled as follows:

Non-dedicated stand-by --

- ◆ There will be no cost to the requesting agency for “stand-by” ambulances when it is understood that the “stand-by” ambulance may leave the staging area if dispatched to a 911 call.

Dedicated stand-by --

- ◆ An ambulance that is requested to stage at an incident and remain dedicated to that area for less than two hours will be provided at no cost to the requesting agency.
- ◆ If the dedicated ambulance unit is on-scene for more than two hours, the ambulance provider agency may charge up to \$100/hour for each ALS (*Type I*) unit and \$80 /hour for each BLS (*Type II*) unit.
- ◆ In the event that an ambulance provider enters into a contract to provide “stand-by” services when requested, the reimbursement rate will be delineated in the contract.